Verge Palacios P28961, D-17-B 103 Name and Prisoner/Booking Number					
Mule Creek Intill Complex (MCIC) State Priso	FILED				
YOUI Highway 104					
Mailing Address					
lone (A 95640	JUN 2 3 2025				
City, State, 2ip Code	CLERK, U.S. DISTRICT COURT				
(Failure to notify the Court of your change of address may result					
	ØEst ∡ G €9* ,				
IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF CALIFORNIA					
(Full Name of Plaintiff) Plaintiff,)))				
) CASE NO. 2:25-cv-0114 JDP (PC)				
v.	(To be supplied by the Clerk)				
(1) W. Veughn, (Full Name of Defendant)) (To be supplied by the clerk)				
)				
(2) Deephti surineni					
(3) E. Pedersen) CIVIL RIGHTS COMPLAINT) BY A PRISONER				
)				
(4)) Driginal Complaint				
Defendant(s).) SFirst Amended Complaint				
Check if there are additional Defendants and attach page 1-A listing them.) □Second Amended Complaint				
A. JURIS	SDICTION				
1. This Court has jurisdiction over this action pursuar	nt to:				
28 U.S.C. § 1343(a); 42 U.S.C. § 1983					
_	Federal Narcotics Agents, 403 U.S. 388 (1971).				
Other:					
Li Ouici.	•				
2. Institution/city where violation occurred: MyleCree	EInfill Complex, Ione CA.				
,					

B. DEFENDANTS

1.		f first Defendant: Wo Vaugha	MCIC-Health-(are D-)ard.
	101- 12-	(Position and Title)	(Institution)
2.		f second Defendant: Deephti Surinen; prician and Surgeon, my p.c.p. at 1	
		(Position and Title)	(Institution)
3.	Name o	f third Defendant: E. Pedersen, Associate War Associate Warden (Custody) at	مردد - ۷ - ۲۵۲ کا
		(Position and Title)	(Institution)
4.	Name o	f fourth Defendant:at	
		(Position and Title)	(Institution)
1.	Have yo	ou filed any other lawsuits while you were a prisoner	? 🛛 Yes 🗆 No
	_		
2.	If yes, n	ow many lawsuits have you filed? 1. Describe	the previous lawsuits:
		prior lawsuit:	
		Parties: Vorge Palacios V.	Kevin Smith
	2.	Court and case number: U.S. District Court, E	522664 Nictrict of 131110141517:11-1107200-1 F
	- 2	Pacult: (Was the case dismissed? Was it annealed	d? Is it still pending?)
	3.		d? Is it still pending?)
	_	Dismissed yes	
	b. Seco	nd prior lawsuit:	Py mai girminigadain
	b. Seco	nd prior lawsuit: Parties:v	Py mai girminigadain
	b. Seco	nd prior lawsuit:	py mer grunning seen.
	b. Seco 1. 2. 3.	Dismissed yes Indeprior lawsuit: Parties:	py mer girmining seen.
	b. Seco 1. 2. 3. ————————————————————————————————	Dismissed yes and prior lawsuit: Parties:v Court and case number: Result: (Was the case dismissed? Was it appealed diprior lawsuit:	d? Is it still pending?)
	b. Seco 1. 2. 3. ————————————————————————————————	Dismissed yes and prior lawsuit: Parties:v Court and case number: Result: (Was the case dismissed? Was it appealed d prior lawsuit:	d? Is it still pending?)

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

CLAIM I State the constitutional or other federal civil right that was violated: Eighth Amenament by reglicence or Deliberate indifference, violatedmy HA and Rehabilitation Art right, densed benefits, mediservices, subject to me to discrimination 2. Claim I. Identify the issue involved. Check only one. State additional issues in separate claims. ☐ Mail Access to the court ☐ Medical care ☐ Basic necessities ☐ Exercise of religion ☐ Retaliation ☐ Property ☐ Disciplinary proceedings □ Excessive force by an officer □ Threat to safety □ Other: Venster to CMC-East in Sucher Obison Supporting Facts. State as briefly as possible the FACTS supporting Claim I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments. In MIIC. Mo.E. Redersenullatedmy presoner rights of take in consideration mynerals, interest, and desires, when denied by transfer to anhigher degree of medical care to conc- East according with my medical needs necessary treatment and advanced 29.672 years. By custody Mr. E. Pederseniby health-care Deepliti Surinen i, my P.C.B., and by Dr. Vaugha, Med. (hiet-Violating my rightes liker with parale possibility take housed in a facility level Hor II as (MC-East daspite Istate reason for preferring (MC-East but was denied without reason as abuse of discretion, plus causing to me an unusual hardship due mu family ties to an particular Stee. I'm proneforanthird hortettack due my high-risk med condition, I require treatment and continuing medicalor nurse attention and medications, sometimes even hospitalization (hospical cardio specialist; single cellstatus with solid borruotzvaibblein Mcicroral prison, plus to remote from hospitals. I did ten (10) reprince East, the lest three in single coll to my safety dremy witherability #7 for contagion, and unable to protect my self- In cuc-East save my life from a) two heart attack raincer hode kindymohomaand other illness du moccurobted my right of confidentiality because my medical history is intablet at reach of any body I some long sentence I may requiring transfer to concreast security bud II and III override due my totally disabled, mobility impaired, prometoran third heart attack or stroke, Plus violated my right for devied my access to vocational Small engines repair, auto body, multiples rehabilitative and recreational programs, social workers, marrology to not available in MILC, Norslavisaninhere exist Sick Buildings, ndrame that rousing to me bireth difficult, chestpain, due the manaxide, exessine coldtemperature in zir conditioning, further more the water are contaminate since long time as a become my time in prisoning meland unusual punishment, that not is part of my sentences **Injury.** State how you were injured by the actions or inactions of the Defendant(s). Brownial initation, Sickbuilding Syndrome exposed as well to exessive colden dormthat result in air ways and breath problems. executate my arthritis pain and long covid sequels, plus thest pain as heart attack symptom, exposed to second handsmoke and them icals without controlling pray, hazardous corruptair conditioning, exposed to contaminate water, communicable illnes. Administrative Remedies: Are there any administrative remedies (grievance procedures or administrative appeals) available at your ☑ Yes □ No institution? ☑ Yes □ No b. Did you submit a request for administrative relief on Claim I? ☑ Yes □ No c. Did you appeal your request for relief on Claim I to the highest level? d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

1.	State	the constitutional or other fe	deral civil right tha	t was violated: <u>Eighth Am</u>	entment, do negly ence or
Delige	i iste	Indifference tomy prisoners:	serious medical needs	constitute anivolet and unusu	al punishment.
Defe authorized prode prod prod prode prod prod prod prod prod prod prod prod	Clair Clair Sup Inda Sup Inda Sup Inda I	the constitutional or other feet Indifference, to my prisoners: m II. Identify the issue involvasic necessities Disciplinary proceedings Excessive force by an officer porting Facts. State as briefly and the did or did not do that violate or arguments. I and a Thay request an higher degrate handle of emergencial, resident and life; CMC-East, attributed to the state of the program (IDAP) to help disabled per de thousand (nourier, social works and interpretable per de handle because I get a deque on (MC-East, I remain (3) three most interpretable per de the program (IDAP) to help disabled per de the most interpretable per de to me de high de gree of heatt-conscient de mied my health (are the trons de mied even antihistaminal trons d	ved. Check only of Mail Property Threat to safe y as possible the Fact your rights. State ree of health care tree test has single cellsty as made medical serve the servicer, appropriate the General Republicant the General Republicant the health—care, adequate ventilation y etcat reach of prise In conception because in y etcat reach of prise In conception to conserve and even re are non-qualify for conserve mon-qualify for conser	t was violated: Eighty for constitute an invested and unusure. The State additional issues Access to the court Exercise of religion ty Dother: Health Covety ACTS supporting Claim II. The facts clearly in your over the facts they have the screen when the cell; special they have the screen they are the severity of my must be emergencies and treat must be the severity of my must be the severity of my must be the sever the severity of my must be the sever to the sever th	in separate claims. Medical care Retaliation Carster to CMC-Est, S.P. Describe exactly what each vn words without citing legal facility like (MC-Est to retospital(GACH) hospics retospitalistives rougs. [MCMC- retospitalistives roug
4.	ot ec Inju ivosi expos		ed by the actions of the house of the house of the sections of the house of the sections of th	minesmy to mitisate mystreath r inactions of the Defendan ation, in somnia, significant my health-care transfer, me	nt(s). tworry, depression by hezerdou intal exhauit (burnout) two
,		ninistrative Remedies. Are there any administrative re	•		
		institution?			
	b.	Did you submit a request for	administrative reli	ef on Claim II?	☑ Yes □ No
	c.	Did you appeal your request			⊠ Yes □ No
	d.	If you did not submit or appedid not.		ninistrative relief at any lev	vel, briefly explain why you

			IM III	A .
1.	State the constitutional or other fe			
Del	id + rate In difference plus my rish	ts of equal protecti	en, and discremention by my di	(szdílity
2.	Claim III. Identify the issue invo	olved. Check onl	y one. State additional issues ir	n separate claims.
	☐ Basic necessities	☐ Mail	☐ Access to the court	☐ Medical care
	☐ Disciplinary proceedings	☐ Property	☐ Exercise of religion	☐ Retaliation
	\square Excessive force by an officer	☐ Threat to sa	fety Dother: Transfert Chifor	nia Mans Colony East, S.R.
3.	Supporting Facts. State as brief	v as possible the	FACTS supporting Claim III. D	escribe exactly what each
	endant did or did not do that violat			
-	ority or arguments.			
	crural prison donot provide satisfactor			
	treatment (redictions) on 1015, mort			
GUSCE	warding yisto remote, patrents die on my and under adrations treatment In	emain in county you	m expact to control ion four historian	shows well on the Well &
	cenvironment provoke tome even			
	er patients, resulting incruel and un			
	. It in horms donattake rezionable			
v <u>isit</u>	on plus momenter. This conditions may	violate the Eighth	mendment even it has not yet 12	osed any significant miving
10 2 17	person, solongthere is a sufficient of Espraying chemicals without control, s	mminert denger	the experies person incopolie to the	Avaccina house lock of
	hoxiquation due poorventilation,			
gren	y diminished physically: Very often l	ackdownendormo	lifted restricted program for exe	ersice, norlegal library, nor
recre	ational the appenor symnasium by s	pposed "Cut opera	ting cost "debying supportine or	ne hour or more often. Me
	isoner hartheright of projection from			
3 <u>8271</u>	unsafe conditions, staff misconduct, t	preats by other inmi	ate Cantelminate water, Toxic envir	anment, poor nes)[h-(2)e
7./ <u>ck ₽^</u>	ilding syndrom, mental ill missond	UCT E 10 ACT IN WYST	45) 10 \$1250 1)(1 A 9/8 \$4/200/65 \$5)	
4.	Injury. State how you were injury	red by the actions	or inactions of the Defendant(s).
	recorpal tounel syndrome due			
_dif	freult for writte and move my fin	gers / Chronic paint	ringuinalhernia mesh sweak ness, v	where distributed the lieue
that	I to tolerate to resist the next writer	due the housing cand	itions, poor health-care and exessive	cold (I mate:
5.	Administrative Remedies.			
		remedies (grievar	ce procedures or administrative	appeals) available at your
	institution?			🗆 Yes 🗵 No
	b. Did you submit a request for	administrative re	elief on Claim III?	☐ Yes ☐ No
	c. Did you appeal your request	for relief on Clai	m III to the highest level?	☐ Yes ☐ No
	d. If you did not submit or appe	eal a request for a	dministrative relief at any level, ension of Claim 1 and Claim 1	, briefly explain why you <u>पि ५/६२। ए</u>

E. REQUEST FOR RELIEF

State the relief you are seeking:	
Health-care transfer to Colifornia Mens Colony-E:	
(are 2 dequate handle of emergencies, Setter hous	e conditions with go ad adoquate ventilation
more tolerable climate, better health-care, high decree for	or my medical condition high-risk, General Acute lave
Hospitalin prison hospice move close of my family, small engine	
groups, single cell status program to my safety and health a	
Furthermore that defendants pay the cost of court	
	·
I declare under penalty of perjury that the foregoing is true as	nd correct.
positive or positive visit and the	
Executed on $\frac{6-15-2015}{}$	1.00
DATE	SIGNATURE OF PLAINTIFF
Ditte	
(Name and title of paralegal, legal assistant, or	
other person who helped prepare this complaint)	
other person who herped prepare this complainty	
(6:	
(Signature of attorney, if any)	
· · · · · · · · · · · · · · · · · · ·	
·	

ADDITIONAL PAGES

(Attorney's address & telephone number)

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

UNITED	STATES	DISTRICT	COURT
EASTERN	DISTRIC	TOF(AL)	FORNIA

	(ASE NO. 2:25-CV-ONY JOP (PC)
- W. Vaugha DeFendants	PROOF OFSERVICE
- Deephti Surineni Detendent	
- E. Poderson Defendant	•
thereby certify that on 6-15-2025	- Isorre 2 2 copy of the 2TTached
CIVIL RIGHIS COMPLAINT BY A PRISO	NER (First Amended)
by placing a copy in a postage paid muelape a	ddressed to the persons) herein afterbydepositing said
envelope in the United Stater Mail at Un	whed States District Court
	estern District of Colifornia
	Office of the Clerk
	501 1 Street, Suite 4-200
· ·	Sziramento, (A 95814-1311
A hadana sana Markar Asal	L. G. gamino is true and correct
I declare under penalty of perjury that	I have been for the same cornect
	_